

2016 Unit Limit and Prior Authorization Review

In order to demonstrate sound stewardship of state resources and ensure that Medicaid members have access to and receive appropriate care, the Department sets reasonable limits on the type and amount of durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) that may be obtained without a prior authorization. The Department has been reviewing this criteria in collaboration with the Colorado Association for Medical Equipment Services ([CAMES](#)) and would like your feedback prior to the Department's final decisions.

This document contains the second section of codes CAMES commented on and lists the description of each code as well as the recommendations or information from CAMES. This is not a complete list of the billable codes within the section. For a complete list of billable codes, please reference the most current Health First Colorado [Fee Schedule](#) or the [DMEPOS Billing Manual](#).

The CAMES recommendations are **not** a change or update to existing DMEPOS policies or coverages. Any changes resulting from this review will be communicated and published at a later date.

Unit Limits are Not Absolute

If a member requires units over the given limits a Prior Authorization Request (PAR) can be submitted with an explanation of why the quantity of units are medically necessary. The new claims system (MMIS) will reimburse over the stated limits only with an approved PAR.

For information on how to submit PARs, please visit the Colorado PAR Portal at www.coloradopar.com.

For updates on the transition to the new MMIS, please visit the [Provider News and Implementations](#) webpage where you can sign up for the email distribution list.

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Other DME and Supplies, Upper Orthotics, and Orthotic Repair.

Please email comments to: DMEPOS.BMReview@state.co.us

Section Two

Code	Description	CAMES Recommendations
A4670	Automatic blood pressure monitor	Consider removing PAR requirement and covering this item by diagnosis. Monitoring in the home one time is less expensive than sending a member to the physician and paying for the office visit and possibly the transportation to and from the physician's office.
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each	Remove PAR requirement for replacement supplies for member owned equipment.
A7028	Oral cushion for combination oral/nasal mask, replacement only, each	Remove PAR requirement for replacement supplies for member owned equipment.
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair	Remove PAR requirement for replacement supplies for member owned equipment.
A7030	Full face mask used with positive airway pressure device, each	Remove PAR requirement for replacement supplies for member owned equipment.
A7031	Face mask interface, replacement for full face mask, each	Remove PAR requirement for replacement supplies for member owned equipment.
A7032	Cushion for use on nasal mask interface, replacement only, each	Remove PAR requirement for replacement supplies for member owned equipment.
A7033	Pillow for use on nasal cannula type interface, replacement only, pair	Remove PAR requirement for replacement supplies for member owned equipment.
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	Remove PAR requirement for replacement supplies for member owned equipment.
A7035	Headgear used with positive airway pressure device	Remove PAR requirement for replacement supplies for member owned equipment.
A7036	Chinstrap used with positive airway pressure device	Remove PAR requirement for replacement supplies for member owned equipment.
A7038	Filter, disposable, used with positive airway pressure device	Remove PAR requirement for replacement supplies for member owned equipment.
A7039	Filter, non disposable, used with positive airway pressure device	Remove PAR requirement for replacement supplies for member owned equipment.
A7044	Oral interface used with positive airway pressure device, each	Remove PAR requirement for replacement supplies for member owned equipment.
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	Remove PAR requirement for replacement supplies for member owned equipment.
B4034	Enteral feeding supply kit: Syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	1 unit = 1 day, 30/31 units per month Remove PAR requirement.
B4035	Enteral feeding supply kit: Pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	1 unit = 1 day, 30/31 units per month Remove PAR requirement
B4036	Enteral feeding supply kit: Gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	1 unit = 1 day, 30/31 units per month Remove PAR requirement

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Code	Description	CAMES Recommendations
B4081	Nasogastric tubing with stylet, each	2 per month. Remove PAR requirement with documentation of Nasogastric tube placement.
B4082	Nasogastric tubing without stylet, each	2 per month. Remove PAR requirement with documentation of Nasogastric tube placement.
B4087	Gastrostomy/jejunostomy tube, standard, any material, any type, each	1 per 3 months. Remove PAR requirement.
B4088	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each	1 per 3 months. Remove PAR requirement.
B9000	Enteral nutrition infusion pump, without alarm, each	1 per 24 months. Cap rental to purchase price. Remove verbiage stating supplies must be provided with the pump OR state used in conjunction with B4034, B4035, B4036.
B9002	Enteral nutrition infusion pump, with alarm, each	1 per 24 months. Cap rental to purchase price. Remove verbiage stating supplies must be provided with the pump OR state used in conjunction with B4034, B4035, B4036.
B9998	Miscellaneous enteral supplies not otherwise classified. (Extension sets [not included in feeding kit code] 24 hour use-one (1) time use only as stated by manufacturer).	5 per month.
E0130	Walker, rigid (pickup), adjustable or fixed height, each	1 per 3 years (warranty is generally 3 years for manufacturer defects). Remove PAR requirement if height and weight is documented on prescription.
E0135	Walker, folding (pickup), adjustable or fixed height, each	1 per 3 years (warranty is generally 3 years for manufacturer defects).
E0140	Walker, with trunk support, adjustable or fixed height, any type	1 per 3 years (warranty is generally 3 years for manufacturer defects).
E0141	Walker, rigid, wheeled, adjustable or fixed height	1 per 3 years (warranty is generally 3 years for manufacturer defects).
E0143	Walker, folding, wheeled, adjustable or fixed height	1 per 3 years (warranty is generally 3 years for manufacturer defects).
E0144	Walker, enclosed, four (4) sided framed, rigid or folding, wheeled with posterior seat	1 per 3 years (warranty is generally 3 years for manufacturer defects).
E0147	Walker, heavy duty, multiple braking system, variable wheel resistance	1 per 3 years (warranty is generally 3 years for manufacturer defects).

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Code	Description	CAMES Recommendations
E0148	Heavy duty walker, without wheels, rigid or folding, any type, each	1 per 3 years (warranty is generally 3 years for manufacturer defects). Remove PAR requirement if height and weight is documented on prescription.
E0149	Walker, heavy duty, wheeled, rigid or folding, any type	1 per 3 years (warranty is generally 3 years for manufacturer defects). Remove PAR requirement if height and weight is documented on prescription.
E0445	Oximeter device for measuring blood oxygen levels non-invasively	KR modifier (daily rental) - 3 per month for spot checks; remove PAR and Questionnaire requirement.
E0570	Nebulizer with compressor	1 per 3 years. Remove PAR requirement.
E0603	Breast Pump, electric (AC and/or DC), any type	Remove PAR requirement but maintain coverage rules.
E0650	Pneumatic compressor, non-segmental home model	1 per 2 years (warranty is 2-3 years depending on manufacturer).
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	1 per 2 years (warranty is 2-3 years depending on manufacturer).
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	1 per 2 years (warranty is 2-3 years depending on manufacturer).
E0655	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm	1 per year (warranty is generally 1 year for manufacturer defects).
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk	1 per year (warranty is generally 1 year for manufacturer defects).
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest	1 per year (warranty is generally 1 year for manufacturer defects).
E0660	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg	1 per year (warranty is generally 1 year for manufacturer defects).
E0665	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm	1 per year (warranty is generally 1 year for manufacturer defects).
E0666	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg	1 per year (warranty is generally 1 year for manufacturer defects).
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	1 per year (warranty is generally 1 year for manufacturer defects).
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	1 per year (warranty is generally 1 year for manufacturer defects).
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	1 per year (warranty is generally 1 year for manufacturer defects).
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	1 per year (warranty is generally 1 year for manufacturer defects).
E0671	Segmental gradient pressure pneumatic appliance, full leg	1 per year (warranty is generally 1 year for manufacturer defects).
E0672	Segmental gradient pressure pneumatic appliance, full arm	1 per year (warranty is generally 1 year for manufacturer defects).

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Code	Description	CAMES Recommendations
E0673	Segmental gradient pressure pneumatic appliance, half leg	1 per year (warranty is generally 1 year for manufacturer defects).
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral)	1 per 2 years (warranty is 2-3 years depending on manufacturer).
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	1 per 2 years (warranty is 2-3 years depending on manufacturer).
E0691	Ultraviolet light therapy system , includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less	Consider establishing a purchase price and rent to max purchase price.
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel	Consider establishing a purchase price and rent to max purchase price.
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel	Consider establishing a purchase price and rent to max purchase price.
E0694	Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection	Consider establishing a purchase price and rent to max purchase price.
E0720	Transcutaneous Electrical Nerve Stimulation (TENS) device, two (2) lead, localized stimulation	Remove PAR requirement and consider assigning a purchase fee schedule. Specify that during a rental period, all supplies are included and there is no separate payment for electrodes, leads, or batteries.
E0730	Transcutaneous Electrical Nerve Stimulation (TENS) device, four (4) or more leads, for multiple nerve stimulation	Specify that during a rental period, all supplies are included and there is no separate payment for electrodes, leads, or batteries.
E0860	Traction equipment, over door, cervical	Remove PAR requirement (cost of obtaining PAR is likely greater that the fee schedule).
E0942	Cervical head harness or halter, each	Remove PAR requirement (cost of obtaining PAR is likely greater that the fee schedule).
E0944	Pelvic belt, harness or boat, each	Remove PAR requirement (cost of obtaining PAR is likely greater that the fee schedule).
E1399 (AV)	Tablet computer for use as a communication device	1 per 5 years.
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material	Cap at a 4 month rental maximum, unless a significantly measurable increase in Range of Motion is documented. Require PAR.
E1801	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	Cap at a 4 month rental maximum, unless a significantly measurable increase in Range of Motion is documented. Require PAR.
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material	Cap at a 4 month rental maximum unless a significantly measurable increase in Range of Motion is documented. Require PAR.

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Code	Description	CAMES Recommendations
E1805	Dynamic adjustable wrist extension/flexion device, includes soft interface material	Cap at a 4 month rental maximum unless a significantly measurable increase in Range of Motion is documented. Require PAR.
E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	Cap at a 4 month rental maximum unless a significantly measurable increase in Range of Motion is documented. Require PAR.
E1818	Static progressive stretch forearm pronation/supination device with or without range of motion adjustment, includes all components and accessories	Cap at a 4 month rental maximum unless a significantly measurable increase in Range of Motion is documented. Require PAR.
E1820	Replacement soft interface material, dynamic adjustable extension/flexion device	2 per year. Initial rental includes this interface so replacement should only be provided for patient owned equipment.
E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device	2 per year. Initial rental includes this interface so a replacement should only be provided for patient owned equipment.
E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material	Cap at 4 months of rental unless a significantly measurable increase in Range of Motion is documented. Require PAR.
E2500	Speech generating device, digitalized speech, using pre-recorded messages, less than or equal to 8 minutes recording time	1 per 5 years.
E2502	Speech generating device, digitalized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	1 per 5 years.
E2504	Speech generating device, digitalized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	1 per 5 years.
E2506	Speech generating device, digitalized speech, using pre-recorded messages, greater than 40 minutes recording time	1 per 5 years.
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	1 per 5 years.
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	1 per 5 years.
E2512	Accessory for speech generating device, mounting system	1 per wheelchair per 2 years.
E2599	Accessory for speech generating device, not otherwise classified	3 per year (I.e. case, screen protector, etcetera).

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Code	Description	CAMES Recommendations
K0739	Repair or non-routine service for durable medical equipment other than oxygen requiring the skill of a technician, labor component, per 15 minutes	Remove PAR requirement and quantity limits. Code should only be used for repairs to member owned equipment.
L0130	Cervical, flexible, thermoplastic collar, molded to patient	1 per year. Remove PAR requirement.
L0140	Cervical, semi-rigid, adjustable (plastic collar)	1 per year. Remove PAR requirement.
L0150	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	1 per year. Remove PAR requirement.
L0160	Cervical, semi-rigid, wire frame occipital/mandibular support	1 per year.
L0170	Cervical, collar, molded to patient model	1 per 2 years.
L0172	Cervical, collar, semi-rigid thermoplastic foam, two (2) piece	1 per year. Remove PAR requirement.
L0174	Cervical, collar, semi-rigid, thermoplastic foam, two (2) piece, prefabricated, off-the-shelf	1 per year. Remove PAR requirement.
L0220	Thoracic rib belt, custom fabricated	2 per year.
L0450	TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf	1 per year.
L0452	TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated	1 per year.
L0454	TLSO flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated item that has been trimmed, bent, molder, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	1 per year.
L0455	TLSO, flexible, provides trunk support, extends from sacrococcygeal junction to above t-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf	1 per year.

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Code	Description	CAMES Recommendations
L0456	TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	1 per year.
L0457	TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, off-the-shelf	1 per year.
L0458	TLSO, triplanar control, modular segmented spinal system, two (2) rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	1 per year.
L0460	TLSO, triplanar control, modular segmented spinal system, two (2) rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	1 per year.

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Code	Description	CAMES Recommendations
L0462	TLSO, triplanar control, modular segmented spinal system, three (3) rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	1 per year.
L0464	TLSO, triplanar control, modular segmented spinal system, four (4) rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	1 per year.
L0466	TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	1 per year.
L0467	TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf	1 per year.
L0468	TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal, and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	1 per year.

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Code	Description	CAMES Recommendations
L0469	TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf	1 per year.
L0470	TLSO, triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal, and transverse planes, provides intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	1 per year.
L0472	TLSO, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two (2) anterior components (one (1) pubic and one (1) sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	1 per year.
L0480	TLSO, triplanar control, one (1) piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	1 per year.
L0482	TLSO, triplanar control, one (1) piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	1 per year.

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Code	Description	CAMES Recommendations
L0484	TLSO, triplanar control, two (2) piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	1 per year.
L0486	TLSO, triplanar control, two (2) piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	1 per year.
L0488	TLSO, triplanar control, one (1) piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, prefabricated, includes fitting and adjustment	1 per year.
L0490	TLSO, sagittal-coronal control, one (1) piece rigid plastic shell, with overlapping reinforced anterior, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment	1 per year.

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Code	Description	CAMES Recommendations
L0491	TLSO, sagittal-coronal control, modular segmented spinal system, two (2) rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	1 per year.
L0492	TLSO, sagittal-coronal control, modular segmented spinal system, three (3) rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closure, includes straps and closures, prefabricated, includes fitting and adjustment	1 per year.
L0621	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf	2 per year.
L0622	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated.	1 per year.
L0623	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf	2 per year.
L0624	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	1 per year.
L0625	Lumbar orthosis, flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, off-the-shelf	1 per year.

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Code	Description	CAMES Recommendations
L0626	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	1 per year.
L0627	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	1 per year.
L0628	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	1 per year.
L0629	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated, includes fitting and adjustment	1 per year.
L0630	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	1 per year.

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Code	Description	CAMES Recommendations
L0631	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	1 per year.
L0632	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	1 per year.
L0633	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	1 per year.
L0634	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated	1 per year.

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Code	Description	CAMES Recommendations
L0635	Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment	1 per year.
L0636	Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated	1 per year.
L0637	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	1 per year.
L0638	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	1 per year.

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Code	Description	CAMES Recommendations
L0639	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell (s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	1 per year.
L0640	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell (s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated	1 per year.
L0641	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	1 per year.
L0642	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	1 per year.
L0643	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	1 per year.

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Code	Description	CAMES Recommendations
L0648	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	1 per year.
L0649	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	1 per year.
L0650	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	1 per year.
L0651	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, off-the-shelf	1 per year.
L0700	CTL SO, anterior-posterior-lateral control, molded to patient model (Minerva type)	Require PAR.
L0710	CTL SO, anterior-posterior-lateral control, molded to patient model, with interface material (Minerva type)	Require PAR.
L0970	TLSO, corset front	1 per year.
L0972	LSO, corset front	1 per year.
L0974	TLSO, full corset	1 per year.
L0976	LSO, full corset	1 per year.
L1000	CTL SO (Milwaukee), inclusive of furnishing initial orthosis, including model	Require PAR.

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Code	Description	CAMES Recommendations
L1001	Cervical thoracic lumbar sacral orthosis, immobilizer, infant size, prefabricated, includes fitting and adjustment	Require PAR.
L1010	Addition to CTLSO or scoliosis orthosis, axilla sling	Require PAR.
L1020	Addition to CTLSO or scoliosis orthosis, kyphosis pad	Require PAR.
L1025	Addition to CTLSO or scoliosis orthosis, kyphosis pad, floating	Require PAR.
L1030	Addition to CTLSO or scoliosis orthosis, lumbar bolster pad	Require PAR.
L1040	Addition to CTLSO or scoliosis orthosis, lumbar or lumbar rib pad	Require PAR.
L1050	Addition to CTLSO or scoliosis orthosis, sternal pad	Require PAR.
L1060	Additions to CTLSO or scoliosis orthosis, thoracic pad	Require PAR.
L1070	Addition to CTLSO or scoliosis orthosis, trapezius sling	Require PAR.
L1080	Addition to CTLSO or scoliosis orthosis, outrigger	Require PAR.
L1085	Addition to CTLSO or scoliosis orthosis, outrigger, bilateral with vertical extensions	Require PAR.
L1090	Addition to CTLSO or scoliosis orthosis, lumbar sling	Require PAR.
L1100	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather	Require PAR.
L1110	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather, molded to patient model	Require PAR.
L1120	Addition to CTLSO or scoliosis orthosis, cover for upright, each	Require PAR.
L1200	TLSO, inclusive of furnishing initial orthosis only	Require PAR.
L1210	Addition to TLSO, (low profile), lateral thoracic extension	Require PAR.
L1220	Addition to TLSO, (low profile), anterior thoracic extension	Require PAR.
L1230	Addition to TLSO, (low profile), Milwaukee type superstructure	Require PAR.
L1240	Addition to TLSO, (low profile), lumbar derotation pad	Require PAR.
L1250	Addition to TLSO, (low profile), anterior ASIS pad	Require PAR.
L1260	Addition to TLSO, (low profile), anterior thoracic derotation pad	Require PAR.
L1270	Addition to TLSO, (low profile), abdominal pad	Require PAR.
L1280	Addition to TLSO, (low profile), rib gusset (elastic), each	Require PAR.
L1290	Addition to TLSO, (low profile), lateral trochanteric pad	Require PAR.
L1300	Other scoliosis procedure, body jacket molded to patient model	Require PAR.
L1310	Other scoliosis procedure, postoperative body jacket	Require PAR.

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Code	Description	CAMES Recommendations
L3650	SO, figure of eight design abduction re-strainer, prefabricated, off-the-shelf	2 per year.
L3660	SO, figure of eight design abduction restrainer, canvas and webbing, prefabricated, off-the-shelf	2 per year.
L3670	SO, acromi/calvicular (canvas and webbing type), prefabricated, off-the-shelf	2 per year.
L3671	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 per year.
L3674	SO, abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 per year.
L3675	SO, vest type abduction restrainer, canvas webbing type or equal, prefabricated, off-the-shelf	2 per year.
L3677	SO, shoulder joint design, without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	1 per year.
L3678	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, prefabricated, off-the-shelf	1 per year.
L3702	Elbow orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 per year per extremity.
L3710	EO, elastic with metal joints, prefabricated, off-the-shelf	1 per year per extremity.
L3720	EO, double upright with forearm/arm cuffs, free motion custom fabricated	1 per 2 years per extremity.
L3730	EO, double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated	1 per 2 years per extremity.
L3740	EO, double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	1 per 2 years per extremity.
L3760	EO with adjustable position locking joint(s), prefabricated, includes fitting and adjustments, any type	1 per year per extremity.
L3762	EO, rigid, without joints, includes soft interface material, prefabricated, off-the-shelf	1 per year per extremity.
L3763	Elbow wrist hand orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 per 2 years per extremity.

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Code	Description	CAMES Recommendations
L3764	Elbow wrist hand orthosis, includes one (1) or more non-torsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 per 2 years per extremity.
L3765	Elbow wrist hand finger orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 per 2 years per extremity.
L3766	Elbow wrist hand finger orthosis, includes one (1) or more non-torsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 per 2 years per extremity.
L3806	WHFO, includes one (1) or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, custom fabricated, includes fitting and adjustment	1 per year per extremity.
L3807	WHFO, without joint(s), prefabricated, item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	1 per year per extremity.
L3808	WHFO, rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	1 per year per extremity.
L3809	Wrist hand finger orthosis, without joint(s), prefabricated, off-the-shelf, any type	1 per 6 months per extremity.
L3900	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated	1 per year per extremity.
L3901	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom fabricated	1 per year per extremity.
L3904	WHFO, external powered, electric, custom fabricated	1 per 3 years per extremity. Require PAR.
L3905	Wrist hand orthosis, includes one (1) or more non-torsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 per 2 years per extremity.
L3906	Wrist hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 per year per extremity.
L3908	WHO, wrist extension control cock-up, non-molded, prefabricated, off-the-shelf	1 per 6 months per extremity.
L3912	HFO, flexion glove with elastic finger control, prefabricated, off-the-shelf	1 per year per extremity.
L3913	Hand finger orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 per year per extremity.

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Code	Description	CAMES Recommendations
L3915	WHFO, includes one (1) or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	1 per year per extremity.
L3917	Hand orthosis, metacarpal fracture orthosis, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	1 per year per extremity.
L3918	Hand orthosis, metacarpal fracture orthosis, prefabricated, off-the-shelf	1 per year per extremity.
L3919	Hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 per year per extremity.
L3921	Hand finger orthosis, includes one (1) or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 per year per extremity.
L3923	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	1 per 6 months per extremity.
L3924	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, off-the-shelf	1 per year per extremity.
L3925	FO, proximal interphalangeal (PIP)/distal interphalangeal (DIP), non-torsion joint/spring, extension/flexion, may include soft interface material, prefabricated, off-the-shelf	1 per 6 months per extremity.
L3927	FO, proximal interphalangeal (PIP)/distal interphalangeal (DIP), without joint/spring, extension/flexion (e.g. static or ring type), may include soft interface material, prefabricated, off-the-shelf	1 per 6 months per extremity.
L3929	HFO, includes one (1) or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	1 per 6 months per extremity.
L3930	Hand finger orthosis, includes one (1) or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, off-the-shelf	1 per year per extremity.

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Code	Description	CAMES Recommendations
L3931	WHFO, includes one (1) or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment	1 per year per extremity.
L3933	Finger orthosis, without joints, may include soft interface, custom fabricated, includes fitting and adjustment	1 per year per extremity.
L3935	Finger orthosis, non-torsion joint, may include soft interface, custom fabricated, includes fitting and adjustment	1 per year per extremity.
L3960	SEWHO, abduction positioning, airplane design prefabricated, includes fitting and adjustment	1 per year per extremity.
L3961	Shoulder elbow wrist hand orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 per year per extremity.
L3962	SEWHO, abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment	1 per year per extremity.
L3967	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 per year per extremity.
L3971	Shoulder elbow wrist hand orthosis, shoulder cap design, includes one (1) or more non-torsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 per year per extremity.
L3973	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one (1) or more non-torsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 per year per extremity.
L3975	Shoulder elbow wrist hand finger orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 per year per extremity.
L3976	121BShoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 per year per extremity.

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Code	Description	CAMES Recommendations
L3977	Shoulder elbow wrist hand finger orthosis, shoulder cap design, includes one (1) or more non-torsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 per year per extremity.
L3978	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one (1) or more non-torsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	1 per year per extremity.
L3980	Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment	2 per year per extremity.
L3981	Upper extremity fracture orthosis, humeral, prefabricated, includes shoulder cap design, with or without joints, forearm section, may include soft interface, straps, includes fitting and adjustments	2 per year per extremity.
L3982	Upper extremity fracture orthosis, radius/ulna, prefabricated, includes fitting and adjustment	2 per year per extremity.
L3984	Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment	2 per year per extremity.
L3995	Addition to upper extremity orthosis, sock, fracture or equal, each	3 per year per extremity.
L3999	Upper limb orthosis, NOS	Require PAR.
L4010	Replace trilateral socket brim	Require PAR.
L4020	Replace quadrilateral socket brim, molded to patient model	1 per year per extremity.
L4030	Replace quadrilateral socket brim, custom fitted	1 per year per extremity.
L4040	Replace molded thigh lacer, for custom fabricated orthosis only	1 per year per extremity.
L4045	Replace non-molded thigh lacer, for custom fabricated orthosis only	1 per year per extremity.
L4050	Replace molded calf lacer, for custom fabricated orthosis only	1 per year per extremity.
L4055	Replace non-molded calf lacer, for custom fabricated orthosis only	1 per year per extremity.
L4060	Replace high roll cuff	1 per year per extremity.
L4070	Replace proximal and distal upright for KAFO	1 per year per extremity.
L4080	Replace metal bands KAFO, proximal thigh	1 per year per extremity.
L4090	Replace metal bands KAFO-AFO, calf or distal thigh	1 per year per extremity.
L4100	Replace leather cuff KAFO, proximal thigh	1 per year per extremity.
L4110	Replace leather cuff KAFO-AFO, calf or distal thigh	1 per year per extremity.
L4130	Replace pretibial shell	1 per year per extremity.

Section Two

Code	Description	CAMES Recommendations
L4205	Repair of orthotic device, labor component, per 15 minutes	15 units per month. Code may not be billed with initial issue of Orthosis as labor is included.
L4350	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g. pneumatic, gel), prefabricated, off-the-shelf	2 per year per extremity.
L4360	Walking boot, pneumatic and/or vacuum, with or without joints, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	2 per year per extremity.
L4361	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf	2 per year per extremity.
L4370	Pneumatic full leg splint, prefabricated, off-the-shelf	2 per year per extremity.
L4386	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	2 per year per extremity.
L4387	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf	2 per year per extremity.
L4392	Replacement soft interface material, static AFO	2 per year per extremity.
L4394	Replace soft interface material, foot drop splint	2 per year per extremity.
L4396	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	2 per year per extremity.
L4398	Foot drop splint recumbent positioning device, prefabricated, off-the-shelf	2 per year per extremity.
L4631	Ankle foot orthosis, walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated	2 per year per extremity.